

## **PAYMENT APPLICATION FORM**

Claim: Section 13, P.L. 108-007

Claimant's Name(s):

Claimant's Address:

Telephone number:

Amount of claim:

I certify under penalty of law that I am entitled to make claim for and receive payment on the claim described above and in the attached supporting documentation, and I hereby make claim for such payment.

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SIGNATURE

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NOTARY PUBLIC

(Seal or stamp must be affixed).

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Payment Type: (Check One)      Check -----      Direct Deposit -----

Complete below for Direct Deposit only:

Bank Name/Address:

Bank ABA Number (9 digits mandatory):

Check one:    Checking Account -----    Savings Account -----

Account Holder name:

Account Number:

Note: Please attach a detailed description of your claim for reimbursement and all supporting documentation.